

Achieving Results Well-Being

GOAL: Help families and communities improve the well-being of children in their own homes and in out-of-home care

In meeting her, one could hardly conceive that Andra had come from such difficult beginnings. At eighteen-years-old she has already completed a year of college, maintains employment and has purchased a car. She lives with a family that genuinely has her best interest at heart and she is described by those who know her as “amazing,” “polite,” “so appreciative” and “incredibly resilient.”

Andra came into care at sixteen following a trip to the hospital. She had been on the run for five months and had suffered significant internal damage due to an eating disorder. She had also been in detention and was on probation following *minor* offenses committed while trying to survive on the streets. She filed for a Child in Need of Services Petition (CHINS) and was placed into a foster home that has been described as “a perfect match.” At the end of the nine month CHINS period, Andra’s mother was emphatic that she had no desire to reconcile with her daughter and voluntarily signed her over to the state for placement.

Andra’s mother, an employed seemingly intelligent woman, presented very well in her interactions with social workers. However, in spite of appearances, statements made directly to social workers made it very clear that Andra had suffered tremendous emotional harm in her mother’s home. The mother told social worker, Susan, “I have a daughter older than Andra and one younger. In order for two of my girls to survive, one has to be sacrificed and Andra is the ‘sacrificial lamb’.”

When people commend Andra on her amazing efforts and tremendous inner strength, she hardly sees what all the fuss is about. She doesn’t realize how difficult it is for any teenager to go to college or buy their own car much less one who missed the better part of two years of school and lives in foster care. She doesn’t realize how rare it is for a foster family to want a child to remain in their home after the child “ages out of care” and there is no state financial support for that child to remain in the home.

Andra doesn’t realize that many folks who have been subjected to similar emotional and mental abuse and abandonment would simply not have the resolve to accomplish all that she has accomplished; accomplished, by the way, before her eighteenth birthday this past summer.

Andra still receives close medical supervision to monitor her eating disorder and she receives counseling to help deal with the abuse she endured and grief over the losses she has suffered.

Independent Living Services will provide Andra with funding to purchase household items when she does decide to set up housekeeping on her own.

For now, her foster family is delighted to have her stay “at home.” What Andra also fails to realize is that not only is she a joy to others but she serves as an incredible example and source of hope.

She has fostered hope for other children and hope for those who work on their behalf.

Well-being of children served by the Children's Administration is of extreme importance. The administration seeks to improve well-being by building upon the strengths of families so they will have enhanced capacity to provide for their own children's needs. Many service interventions are available which are designed to support and empower families so that children can safely live with their own families whenever possible. Counseling, medical treatment, family reconciliation services, child-care, and other supportive home and community-based services are provided to families in an effort to reduce the risk of abuse and to prevent out-of-home placement.

When children are not able to continue to live safely at home with their parents, their well-being needs are primarily met through those individual or family caregivers providing permanent placements according to each child's permanency plan. When children must be placed in out-of-home care, the Children's Administration, foster parents, and key stakeholders have an increased responsibility to provide adequate services to meet each child's physical, emotional, and cultural needs and to promote their educational and developmental achievements commensurate with their abilities.

Well-being objectives presented in this report include:

- Increase worker visits with children
- Children in placement are supported in age-appropriate educational and developmental programs

Other well-being objectives are included in the Strategic Plan (see Appendix C), but are not included here because pertinent data is not yet available. The administration is expanding case record reviews to monitor success in achieving these objectives.

Accomplishments

- Collaborative effort with Medical Assistance Administration increased the rate paid for exams provided to children in foster care
- Established voucher system for children entering foster care during evening hours or on weekends enabling them to obtain medication and emergency medical treatment
- Children's Administration and Medical Assistance Administration included well-child exams in performance agreements requiring that children must receive examinations within thirty days of placement
- Implementation of Kidscreen has helped children in care receive well-child or Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams
- Increased the number of participating providers

Data measures that accurately reflect a child's well-being or a service provider's ability to ensure a child's well-being have been sparse. Due to lack of information system capacity, the Children's Administration has initiated "handcounting" measures related to child well-being to track this vital information. Currently, well-being is tracked minimally through measures reflecting the number of worker visits with children as well as the age appropriateness of educational and developmental programs.

- Children who are visited quarterly by their social worker
- High school/General Equivalency Diploma (GED) or educational/vocational enrollment
- Youth in care who receive Independent Living Services

The Children's Administration will continue to look for new ways to measure and understand child well-being in the future, including case record reviews, client satisfaction surveys, and focus groups with foster children.

Well-Being

OBJECTIVE: Increase worker visits with children

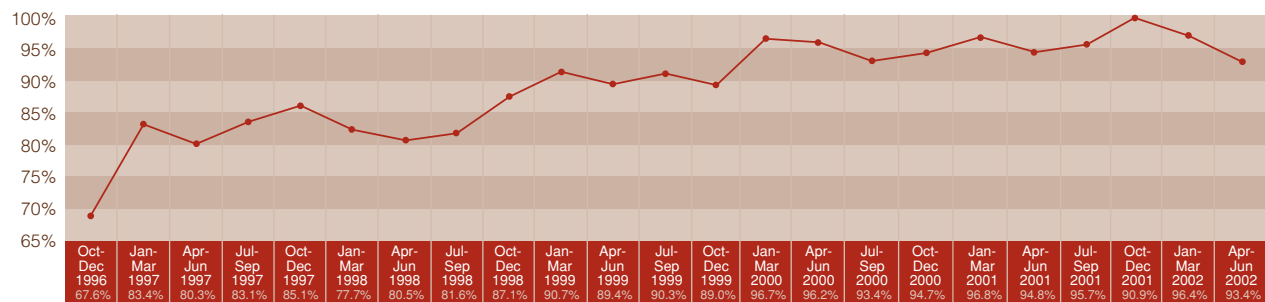
Measured by: Children who are visited quarterly by their social worker

Children's Administration social workers are expected to make face-to-face contact with the children in out-of-home placement at least once per quarter in the child's foster home. While additional visits often take place in other locations, quarterly visits in a child's placement are the very minimum a social worker can conduct in order to adequately assess the health and safety of the child, progress of the family and sufficiency of services.

Over the time in which this data has been handcounted, the percentage of quarterly social worker visits in the caretaker's home with children and their caregivers has ranged from a low of 81 percent to a high of 97 percent. It is not realistic to achieve 100 percent each quarter because of children who run away and other unavoidable circumstances. Therefore, the goal of the Children's Administration is to maintain quarterly visits in the caretaker's home at least at the 95 percent level.

There has been a fairly consistent increase in the percent of quarterly visits by the social worker in the caretaker's home.

Social Worker Visits with Children in Foster Care*



*Handcount of the number of children who have been in out-of-home placement for at least 90 days who are seen face-to-face by their social worker in the caregiver's home at least once during the quarter.



OBJECTIVE: Children in placement are supported in age-appropriate educational and developmental programs

Measured by: High school/general equivalency diploma or educational/vocational enrollment

A small proportion of the older children who are placed in temporary foster care will not be placed in a permanent home prior to their eighteenth birthday. Historically, children who “age out” of the Child Welfare System system while still in foster care are less likely to be educationally and vocationally equipped for independent adulthood. The Children’s Administration is making concerted efforts to support these youth in pursuing and attaining their educational and vocational goals.

In an effort to obtain data about levels of educational attainment for this group, the Children’s Administration conducts an annual handcount of the educational status of youth age 18 or older who have been in care for at least one year and who left care without being placed into a permanent home, or are in guardianships and receiving services from the administration. This handcount identified 274 youth meeting this criteria during Calendar Year 2001, in the regions for which complete data was available at the time of this printing. Social workers were asked to indicate whether the youth had received a high school diploma or (GED) prior to the time they left care. If the youth had not obtained such a diploma, the social worker was asked whether the youth was attending or enrolled in an educational or vocational program at the time they left care.

Of the 274 youth identified, 70 percent had either obtained a diploma, GED, or were enrolled in an educational or vocational program at the time of leaving care. Thirty-four percent of youth had received a high school diploma, 13 percent had obtained a GED and 23 percent were enrolled in an educational or vocational program.

Forty-seven percent of children aging out of foster care graduated from high school or obtained a General Equivalency Diploma (GED). Of the 47 percent completing high school or equivalency in Washington State, 19 percent planned to pursue higher education.

The Children’s Administration is currently developing outcome measures and a data tracking system to improve the accuracy of educational outcome data collection and reporting.



Well-Being

OBJECTIVE: Children in placement are supported in age-appropriate educational and developmental programs

Measured by: Youth in care who receive Independent Living Services

Every year nearly 20,000 adolescents “age-out” of foster care nationally, approximately 350 of those are from Washington State. These are youth who have experienced multiple life traumas, possess limited support systems and, all-to-often, inadequate skills to effectively support themselves physically, emotionally and economically.

What young people had to say upon leaving care

“I wish I could have been a lot more prepared.”

– Justin

“I wasn’t ready. I needed help with stable housing and mental health care.”

– Marissa

“I am glad things worked out for me, that I found this shelter after living with my aunt fell through.”

– Jaynie

“It was different than foster care. I needed training about the real world, it’s a big fantasy until you get out there. My job wasn’t enough to pay the bills.”

– Terrell

“It’s been rough!”

– Shane

“There have been ups and downs but overall it’s been exciting.”

– Jaya

Research indicates that these young people suffer significantly higher proportions of homelessness, poverty, incarceration and unplanned pregnancies than do peers reaching the age of consent within their own family systems.

In 1999 the federal *Chafee Foster Care Independence Act* was enacted to clarify the mission and expand the funding and flexibility afforded to states for the expansion of Independent Living Programs.

Under the new legislation, states are required to identify children who are likely to remain in foster care until 18 years of age and provide support and services in the areas of education, employment and housing and to provide education regarding all facets of self sustenance for youth aging out of state licensed care.

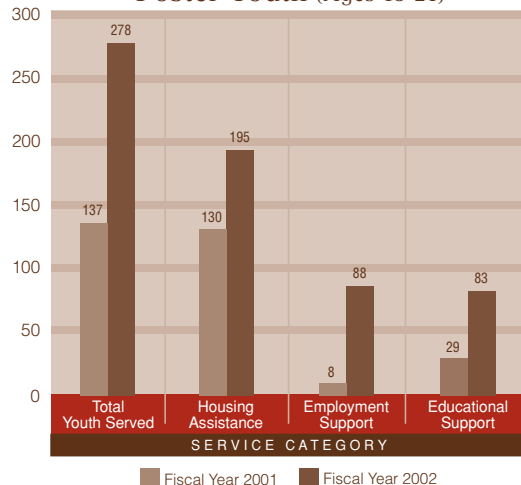
Since 1999, Washington State has been developing and implementing Independent Living Programs incrementally with the most recent emphasis placed upon youth with the most immediate need for support, eighteen to twenty-one year old young adults.

In Fiscal Year 2001, 137 eighteen to twenty-one year-old youth received Independent

Living services. In Fiscal Year 2002, 278 young people in the same age bracket received services, indicating a service delivery increase of more than 100 percent to this high risk population. Moreover, the proportion of youth receiving educational and employment support increased exponentially within a single year.

In the coming years, increased emphasis will be placed upon supporting youth as young as thirteen in preparing for the transition from foster care to adulthood. Primary emphasis for youth in the 13-15 year-old age group is placed upon educational stability and achievement in an effort to foster meaningful community ties, build self-esteem and enhance educational outcomes.

Independent Living Transition Services Provided to Former Foster Youth (Ages 18-21)



Youth served may have received services in more than one service category, thus the sum total of youth served in each category will exceed the sum of all youth served in the “Total” columns.